(101) Cert	ification - Reporting Carrier			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code		468016	
<015>	Study Area Name		NE Colorado Cellular, Inc.	
<020>	Program Year	_	2016	
<030>	Contact Name - Person USA	C should contact regarding this data	Mike Felicissimo	

9705423605 ext.

mike.felicissimo@viaero.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<039>

· · · · · · · · · · · · · · · · · · ·					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: NE Colorado Cellular,	Inc.				
Signature of Authorized Officer: CERTIFIED ONLIN	3	Date <sup>06/30/2016</sup>			
Printed name of Authorized Officer: Michael Felicis	omie				
Title or position of Authorized Officer: Executive VP					
Telephone number of Authorized Officer: 9705423605	ext.				
Study Area Code of Reporting Carrier: 468016	Filing Due Date for this form: 07/0	1/2016			

(102) Cer	tification - Agent / Carrie	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	468016
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data p	is authorized to submit the information reported on behalf of the reporting carrier. Insibilities include ensuring the accuracy of the data reporting requirements provided to the authorized rovided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agen	t				
Telephone number of Authorized Agent or Employee of A	gent:				
	Filing Due Date for this form:				

# **Attachments**

	Commence Company of the Commence of the Commen	CONTRACTOR STATE OF THE STATE O	FCC Form 690
(060) Coverage and Performance Repor			FCC FORM 690
			Approved by OMB
			OMB Control No.: 3060-1185
			the Life of The Life County II
			COLOR DE LA COLOR

<010>	Study Area Code	468016
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2015 - 06/2016

<141> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Road Miles per Census Resident Population Population covered per data is uploaded Newly Reached by Service per Census Reached by **Block Newly** Census Block Population per (yes/no) Block Reached County Mineral Census Block Census Block Service State 00000 Yes 0.0 0.0 0.0 со

Percentage of Total
Percentage of Total
Road Miles covered
by Service

Service

Percentage of Total
Road Miles covered
by Service

## NE Colorado Cellular, Inc.

## **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, NE Colorado Cellular, Inc. ("Filer") submits that there is no material updates to its project5 description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 690 filed in conjunction with its Auction 901 winning bids.

In the FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the PCS spectrum, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural Colorado citizens with comparable to those available in urban areas.

As of this date Filer is in the process of design and site acquisition for 4G services. Filer anticipates that it will require an extension requested from the FCC to deploy the network in the areas associated with this study code.

Section 54.10009(a)(6) provides that a winning bidder shall include "Updates to the information provided in §54.1005(b)(2)(v).

	Fund §54,1009 Annual Reporting lection Form		FCC Form Approved by OM OMB 3060-118. Avg. Burden Estimate per Respondent: 18 Hour
<010>	Study Area Code	468017	Accepted
<015>	Study Area Name	NE Colorado Cellular, Inc.	Accepted / Filed
<020>	Program Year	2016	JUL - 1 2016
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Cooletary
<039>	Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	
e Sula Sul Contra			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing	g (Y/N) <040>
	<041> Attach a description of the documents fi	led with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	$\circ$

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	
<035>	Contact Telephone Number - Number of person identif	Carling data line (O20)
<039>	Contact Email Address - Email Address of person identif	Ted in data line <usu> mike.felicissimo@viaero.com</usu>
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc.
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113>	Street Address (or PO Box)	1224 W Platte Avenue
		Fort Morgan
<114>	City	
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com
Contact In	formation	
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc.
<122>	Street Address (or PO Box)	1224 W Platte Avenue
<123>	City	Fort Morgan
<124>	State	co
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	
<128>	Email Address	9708673589
11202	Lillan Address	mike.felicissimo@viaero.com
<u>Authorize</u>	d Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Coverage and F	orformance Report		FCC Form 690
			Ap proved by QMB
			OMB Control No. 3060-1185
			Page 3 of 8

<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year 07/2015 - 06/2016	

Construction	not	completed.zip	 	

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<ba>b3&gt; \ 1</ba>	<c1></c1>	" <c2></c2>	<c3>/**</c3>	<d>&gt;</d>
	State	County		Resident Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				9	ee attach	ed worksl	neet	ļ		
		<u></u>		-4/18/10						
	<del></del>									

	0		٥
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparabilit	Certification Compliance	A TOTAL TOTAL FOR	CC Form 690
			oproved by OMB
			MB Control No. 3060-1185
			age 4 of 8

<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or Em	ployee as to Compliance with 47 CFR §54.1009(a	(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.					
Name of Reporting Carrier: NE C	olorado Cellular, Inc.				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/30/2016		
Printed name of Authorized Officer:	Michael Felicissimo				
Title or position of Authorized Officer:	Executive VP				
Telephone number of Authorized Officer:	9705423605 ext.				
Study Area Code of Reporting Carrier:	468017	Filing Due Date for this form: 07/01/2016			

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
	rrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
authorized agent; and, to the best of my knowledge, the reports :	and data provided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.				

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorize	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
ata provided by the reporting carrier; and, to the best of my	nowledge, the information reported herein is accurate.
ame of Reporting Carrier:	
ame of Authorized Agent Firm:	
gnature of Authorized Agent or Employee of Agent:	Date:
ame of Authorized Agent Employee:	
tle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

			and the second s	
080) Triba	Lands Reporting			FCC Form 690
				Approved by QMB
				OMB Control No. 3060-1185
				Page 5 of 8
-010-	Shudu Area Cada		468017	
<010> <015>	Study Area Code Study Area Name		NE Colorado Cellular, Inc.	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding t	his data	Mike Felicissimo	
<035>	Contact Telephone Number - Number of person identifi		9705423605 ext.	
<039>	Contact Email Address - Email Address of person identif		mike,felicissimo@viaero.com	
			•	
<142>	State	***		
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
4.45	Till 10			
<145>	Tribal Government Engagement Obligation	N		
		Name of Attached Docum	ent (.paj)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCCForm 690		
		Approved by OMB		
		OMB Control No. 3060-1185		
		Page 6 of 8		
<010>	Study Area Code	468017		
<015>	Study Area Name	NE Colorado Cellular, Inc.		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo		
<035>	Contact Telephone Number - Number of person identified in data line <			
<039>	Contact Email Address - Email Address of person identified in data line	<pre>&lt;030&gt; mike.felicissimo@viaero.com</pre>		
<200>	Date Authorized to Receive Support	07/29/2013		
<201>	Targeted Completion Date	07/30/2016		
<202>	Total Mobility Fund Support Awarded	7649568.44		
<203>	Total Mobility Fund Support Disbursed	2549856.15		
<210>	Actual Completion Date			
<211>	Project Status Description (attached)	Colorado Sites update re status.pdf		
		{Name of PDF attached}		
	Please check these boxes below to confirm that the attached PDF, on li	ne		
	211, contains a project status pursuant to §54.1005(b)(2)(v). The inform			
	shall be submitted as appropriate.			
<212>	Status of Network Deployment - Network Design			
<213>	Status of Network Deployment - Construction	· ·		
<214>	Status of Network Deployment - Deployment	· ·		
<215>	Status of Network Deployment - Maintenance			
<216>	Project Budget Status			
<217>	Project Plan Status			
~21/	r roject riam status	<u> </u>		
<218>	Network will Support 3G/4G Mobile Service ?			
/Z10/	received with Support Suy 4d tribbile Service .	O 30 O 40		

(101) Certification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	等。 第16章 1868年 18	Page 7 of 8

<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the repo best of my knowledge, the information		nclude ensuring the accuracy of the reporting requinattachments is accurate.	rements for Mobility Fund recipients; and, to the
Name of Reporting Carrier: NE Co	olorado Cellular, Inc.		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/30/2016
Printed name of Authorized Officer:	Michael Felicissimo		
Title or position of Authorized Officer:	Executive VP		
Telephone number of Authorized Office	r: 9705423605 ext.		
Study Area Code of Reporting Carrier:	468017	Filing Due Date for this form: 07/01/3	2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Page 8 of 8
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<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
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Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	ized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
I, as agent for the reporting carrier, certify that I am authore control to the reporting reported herein based on data provided by the reporting	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information report	If of the reporting carrier; I have provided the data led herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

# **Attachments**

		FCC Form 690
(060) Coverage and Performance Repo		
		Approved by OMB
		OMB Control No. 3060-1185
		THE SECOND CONTROL OF CHAPTER AND CONTROL OF SOCIETY
		AdMill de la Company de la

<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2015 - 06/2016

Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Road Miles per Census Population Resident Population covered per data is uploaded Block Newly Newly Reached by Service per Census Census Block Reached by Population per (yes/no) Reached County Saguache Block Census Block Census Block Service State 00000 Yes 0.0 0 0.0 0.0 CO

> Percentage of Total Population Reached by Service

<141>

0		
Ì		
l		
1		

Percentage of Total Road Miles covered by Service

0		

## NE Colorado Cellular, Inc.

# **Project Status Description**

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Section 54.10009(a)(6) provides that a winning bidder shall include "Updates to the information provided in §54.1005(b)(2)(v).